# How Technology Expands Care Access and Improves the Health of Our Veterans

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By **Kent Dicks**, CEO and Founder, Life365
LinkedIn: Kent Dicks
LinkedIn: Life365

Decade after decade, the Department of Veterans Affairs' Veterans Health Administration (VHA) has sought innovative ways to expand access to care for veterans. These efforts, unfortunately, often have gone unreported in the media.

As far back as 2003, for example, the VA began offering virtual care and remote health monitoring to an estimated 2.4 million veterans in their homes and other locations. The federal agency also created the Veterans Community Care Program (VCCP) in 2018 to enable our former service members—particularly the many veterans living in rural areas—to obtain care from non-VA healthcare facilities.

That program has grown so rapidly, however, that it now accounts for 40% of the VA's total contract obligations, according to a 2024 study by the U.S. Government Accountability Office (GAO). This sharp increase in volume not only creates contract oversight challenges, it

threatens to impact the ability of veterans to access timely care.

## Shifting care to the home

To reduce demand for Community Care and VA brick-and-mortar facilities while maintaining its commitment to meeting the healthcare needs of veterans, the VA has begun scaling its successful remote patient monitoring/virtual care program, which grew rapidly during the COVID-19 pandemic.

The VHA's Office of Connected Care (OCC) in 2021 announced an expansion of the agency's remote patient monitoring program to provide virtual care services for the large population of older veterans, many of whom live in rural communities. OCC works with the VA's Office of Health Innovation and Learning (OHIL) to offer healthcare services through telehealth and digital technologies.

But given the ongoing high demand, how can this program ensure it avoids the growing pains that have plagued brick-and-mortar healthcare initiatives for veterans? The answer lies in the scalability of virtual care technology and how it evolves healthcare delivery beyond its traditional reactive "sick care" approach to a proactive and preventive strategy that improves outcomes while lowering costs.

This technology-based proactive approach to care is not unique to the VA. Numerous other leading healthcare institutions, such as New York-Presbyterian and Yale New Haven Health are embracing more virtual care service lines for individuals and implementing effective data-science-driven care to slow the growth of healthcare while improving patients' health outcomes and quality of life.

## Personalized medicine

In their seminal 2023 book, *The Age of Scientific Wellness*, Leroy Hood, MD, PhD, and Nathan Price, PhD, argue that technological and scientific discovery enables healthcare services and drugs to become more personalized and effective. Their book envisions a healthcare system where providers can identify early disease indicators before symptoms appear and then deliver precise treatments to prevent the condition from progressing.

Such a high-functioning healthcare system, Hood and Price write, will follow the "Four Ps" of patient-centered care: Predictive, Personalized, Preventive and Participatory. The VA's virtual-care expansion embraces and is inspired by this proactive approach to healthcare.

One of the most significant drivers of the shift toward personalized medicine was the completion of the Human Genome Project in 2003. This project kicked off the era of personalized medicine, in which scientists explore how genes influence our health. Recent

advances in data analytics technology and AI allow medical researchers and clinicians to gain these insights faster and apply that evidence to help prevent disease or design the most effective treatments.

## Data-driven remote care

Similarly, the VA will deploy real-time data aggregation and analysis tools, supported by emerging AI technologies, to expand care access and improve healthcare quality for veterans, regardless of location. Instead of transforming veterans' homes into mini-hospitals or doctors' offices, providers will equip patients with small, wearable biosensors and common home medical devices (such as blood pressure cuffs and weight scales) to supply the data.

Information gathered by these devices will be automatically and wirelessly sent to VA-affiliated providers managing the patients. After analyzing that data, AI technology will assess whether veterans need support from a live clinician or simply an automated virtual "nudge" to take their medications or respond to health-related questions.

It's important to understand that AI will not be making unilateral clinical decisions. Rather, AI will notify the provider assigned to that patient of its recommended course of action, which the expert human clinician can review and approve or modify based on her knowledge and experience.

## Conclusion

By combining continuous data collection and analysis with automated or live clinician outreach, the VA will be able to cost-effectively monitor and proactively manage a population of veterans. More significantly, by focusing on preventing disease as opposed to reacting when symptoms emerge, the VA aims to scale this virtual-first care program to reach up to 2 million veterans in their homes.

Hopefully, as other healthcare organizations witness the VA's transformation, they, too, will embrace the vision laid out by Hood and Price for how care *should* be – for our veterans, and for all Americans.